

Status: Finalized

I. Center Identification

Organization Name: INDIANA ENDOSCOPY CENTER AVON

Street Address: 1115 N. Ronald Reagan Parkway, Suite 347

City: Avon

County: Hendricks

Administrator Name: Amy Heminger

Administrator Email: aheminge@iuhealth.org

ASC Web Address:

Fiscal Year: 2015

Accredited: • Yes • No

Name of Accrediting Body: AAAHC

Deemed Status: O Yes O No

Corporate Tax Status: • For Profit • Non Profit

II. Identification of Surgical Resources

Number of operating rooms	1	
Number of procedure rooms	2	

III. Utilization Statistics

A. Total Patients and Procedures			
Time Period	Number of Patients	Number of Procedures	
Persons Served in twelve-month period	3417	4009	
B. Ten Most Frequent Surgical Procedures Perfo	ormed	Total Procedures	
45385		824	
45378		668	
43239		619	
45380		489	

G0121	248
43235	174
G0105	117
43450	81
45388	71
43248	43

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	2
a surgical encounter.	